ACE EXTERNAL CUSTOMER DRIVEN GOALS

- Exceed customer expectations
- Treat customers and their families with respect
- Make the application process easy for customers and family
- Improve the timeliness of applications

ACE EMPLOYEE DRIVEN GOALS

- Remove unnecessary barriers from the determination of eligibility

- Improve the efficiency of the application process

- Increase assistance to customers (obtain verification, make referrals)

- Increase communication between central and field offices.

ISD DRIVEN GOALS

- Support the goals for customers and employees
- Design a system that is simple and easy to use
- Increase staff awareness of automated functions and tools
- Integrate automation with the application process
- Integrate the system with policy, help and forms
- Develop automated tools to assist employees
- Improve communication between IT and System Users
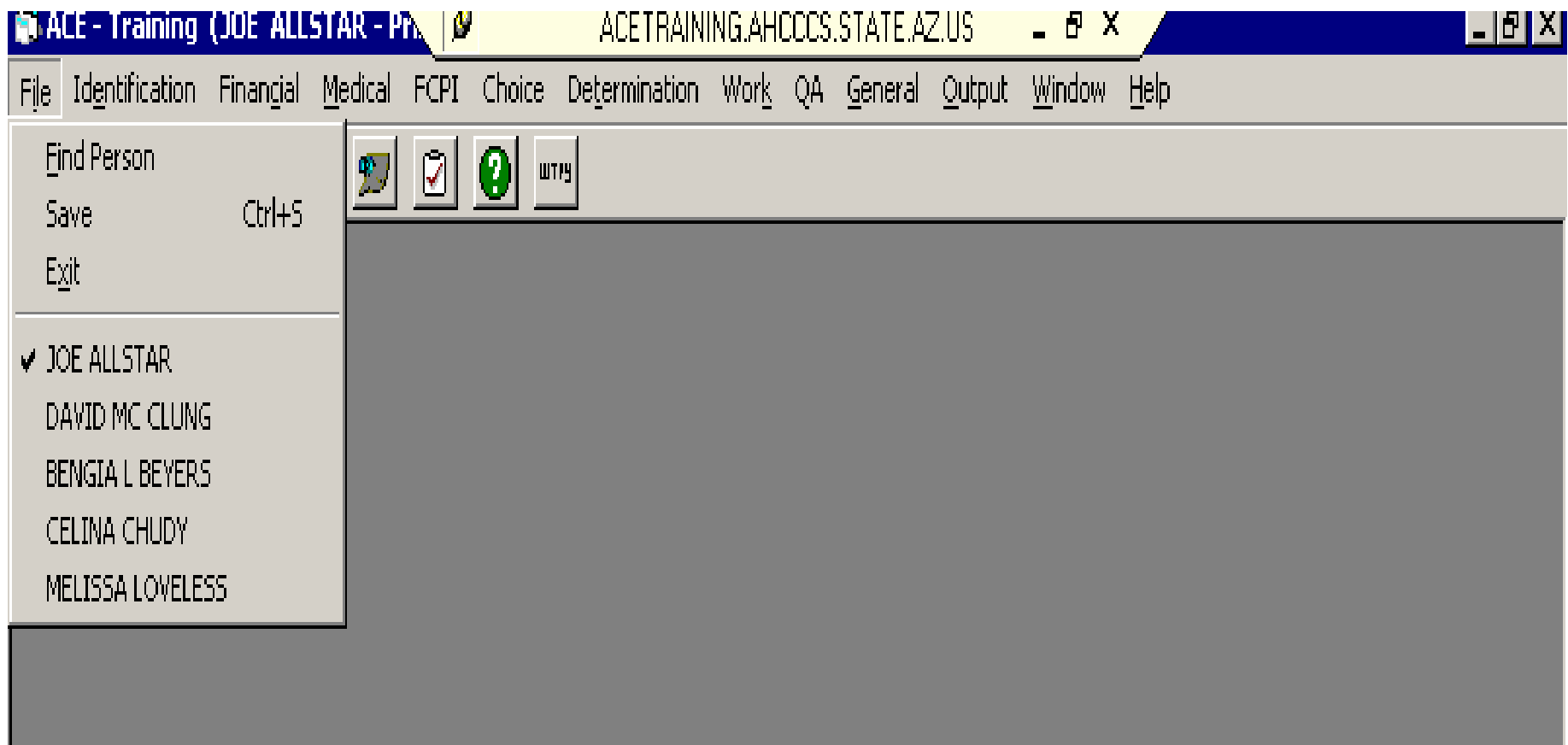- Keep the automated eligibility determination flexible

MAJOR TECHNICAL DESIGN OBJECTIVES

- Flexibility to allow the system to accommodate changes to existing programs as well as new programs

- Follow Microsoft standards whenever possible to allow ACE to look and feel like Word, Excel, etc.

- Use industry-standard development and database products
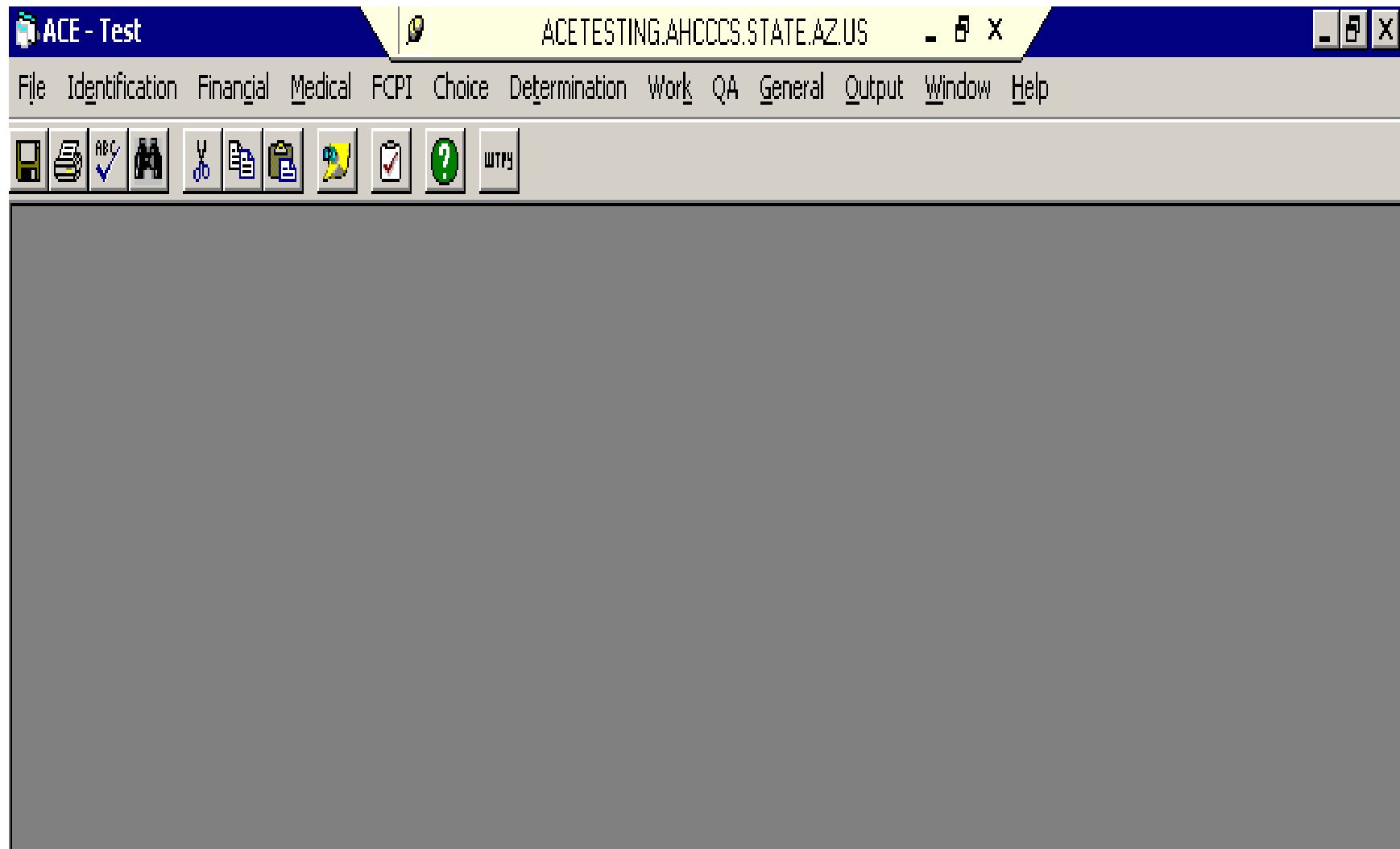
FILE DROP DOWN LIST

ACE - Training (JOE ALLSTAR - PR   ACETRAINING.AHCCCS.STATE.AZ.US

File Identification Financial Medical FCPI Choice Determination Work QA General Output Window Help

Find Person

Save   Ctrl+S

Exit

✔ JOE ALLSTAR

DAVID MC CLUNG

BENGIA L BEYERS

CELINA CHUDY

MELISSA LOVELESS

MENUS

- All system functions can be selected from a menu

- Menus are separated by function (e.g., Financial, Medical, etc.) in order to reduce the number of items in each menu and facilitate selection

- Can be accessed at any time during any system task

- Frequently used menu items are represented by icons

MENUS - ICONS

NAME AND ID IN WINDOW TITLE BAR

- Provides consistent identification of current person and group

TABS

- Provides visual cue of available functions
- Groups related functions in easy-to-access folders

STRUCTURED PATH VS AD HOC PATH

- Allow the user to follow an established path through the system by using the "Back" and "Forward" buttons

- Allow the user to jump around the system by using the menus or icons to select functions

- Allow simultaneous "pathing" and "jumping

PERSON-BASED VS CASE BASED

- Every person entered into the system, regardless of the role that he/she plays, is assigned a unique number

- Once a person is known to the system, all information will be available when person is "reused"

- All data related to a person is stored only once, and can be shared between functions, applications, programs, etc.

FIND PERSON

- A common "Find" button allows the user to find and select a person's record consistently throughout the system

GROUPS/RELATIONSHIPS

- All "persons" who are associated with a case will be grouped together and the required relationships between them identified

- Group is rule based and is flexible to accommodate various programs

GROUPS / RELATIONSHIPS - BUDGET UNIT

GROUP LIST

- Group List feature is available throughout the system
- Group List allows for quick access to members of a group for data capture as well as inquiry

NO CODES

- There are no codes to memorize – no screen number, no codes representing values

- Actual values are used in drop downs to allow user to select

INCOMPLETE OR UNVERIFIED DATA

- ACE will allow the user to enter incomplete data as it is becomes known. This is necessary for entering data as the applicant is interviewed

- Editing is done in a central area. Edits can be ran at any time to identify missing data. Final editing is done as the case is being dispositioned

- We encourage frequent update of data in the system, prior to disposition. This allows for ease for identifying the status of the case

INCOMPLETE OR UNVERIFIED DATA

Case Status Summary (LUCILLE CONSTANT - APPLICANT - 100234244)

Program: ALL PROGRAMS   Current control date only: ☑ From: ☐ 07/24/2005 ▼ Through: ☐ 07/24/2007 ▼

- ⊞ Case Status
- ⊞ Request for Information

Control Dt	Category	Description	Verify Dt	R
		CONSTANT, LUCILLE		
6/1/2006	Edit	Living Arrangement Begin Date is required		
6/1/2006	Verification	CHECKING ACCOUNT RESOURCE		
6/1/2006	Verification	CITIZENSHIP		
6/1/2006	Verification	FISCAL COUNTY		
6/1/2006	Verification	INCOME FROM CHECKING ACCOUNT		
6/1/2006	Verification	LIVING ARRANGEMENT LOCATION		
6/1/2006	Verification	MARITAL STATUS	4/5/2006	
6/1/2006	Verification	MEDICARE	5/3/2006	
6/1/2006	Verification	PENSION-OTHER		
6/1/2006	Verification	RESIDENT	6/14/2006	
6/1/2006	Verification	SOCIAL SECURITY		
	Verification	AGE	4/5/2006	
	Verification	SSN	4/5/2006	

Detail
Override
Refresh List
Edit Case
Latest edit: 7/24/2006
Application
Rpts & Forms
Add to RFI

Unresolved

Find   OK

WORK MANAGEMENT

- Allows workers, supervisors, and managers access to real time stats
- Allows centralized access to all work for all workers
- Ability to move work from one office/unit/worker to another
- Standard launch point to perform work functions

WORK MANAGEMENT MANAGEMENT VIEW

Work Management – View Task Counts

Category	Region	Office	Unit	Worker	Total	1–30	31+	
UNASSIGNED CAS	0	2	0	5	7	0	0	
PAS REQUESTS	2	9	3	156	170	18	4	
CLOSED PAS	2	6638	1	0	6641	0	0	
PENDING APPLICA	0	2	2	406	410	34	21	
PENDING CHANGE	0	1	0	28	29	0	0	
PENDING MASS CI	0	0	0	15	15	0	0	
OPEN PAS	0	1	0	46	47	13	5	
APPOINTMENTS	0	0	0	146	146	0	0	
ALERTS	1	7	8	280	296	0	0	
RENEWALS	0	1	3	506	510	11	19	
1ST CS RENEWAL	0	1	0	26	27	4	16	
PAS REASSESSME	0	11	0	21	32	0	0	
ACTIVE CASES	0	2	3	2887	2892	0	0	

Tree:
- AHCCCS
  - CENTRAL
  - REGION 1
  - REGION 2
  - REGION 3
  - REGION 4
  - REGION 5
    - CASA GRANDE
    - GLOBE
    - SHOW LOW
  - REGION 8
  - REGION 9

Worker Tasks   OK

WORK MANAGEMENT WORKER TASKS

ABOUT THIS PERSON

- Provides summarized status of a case
- Includes program, health plan and location of case

COMMENTS FACILITY

- Allows comments to be made and reviewed from anywhere in the system

- Includes spell checking using a standard interface

COMMENTS

AUDITING

- Record-level auditing is available in all ACE screens

- Field-level auditing is available for only critical fields

AUDITING

HELP FACILITY

- Allows direct access to the Internet

- Allows access to the Intranet for policy and procedure manuals

- Allows access to any user-defined text such as program descriptions, eligibility standards, etc.

HELP FACILITY
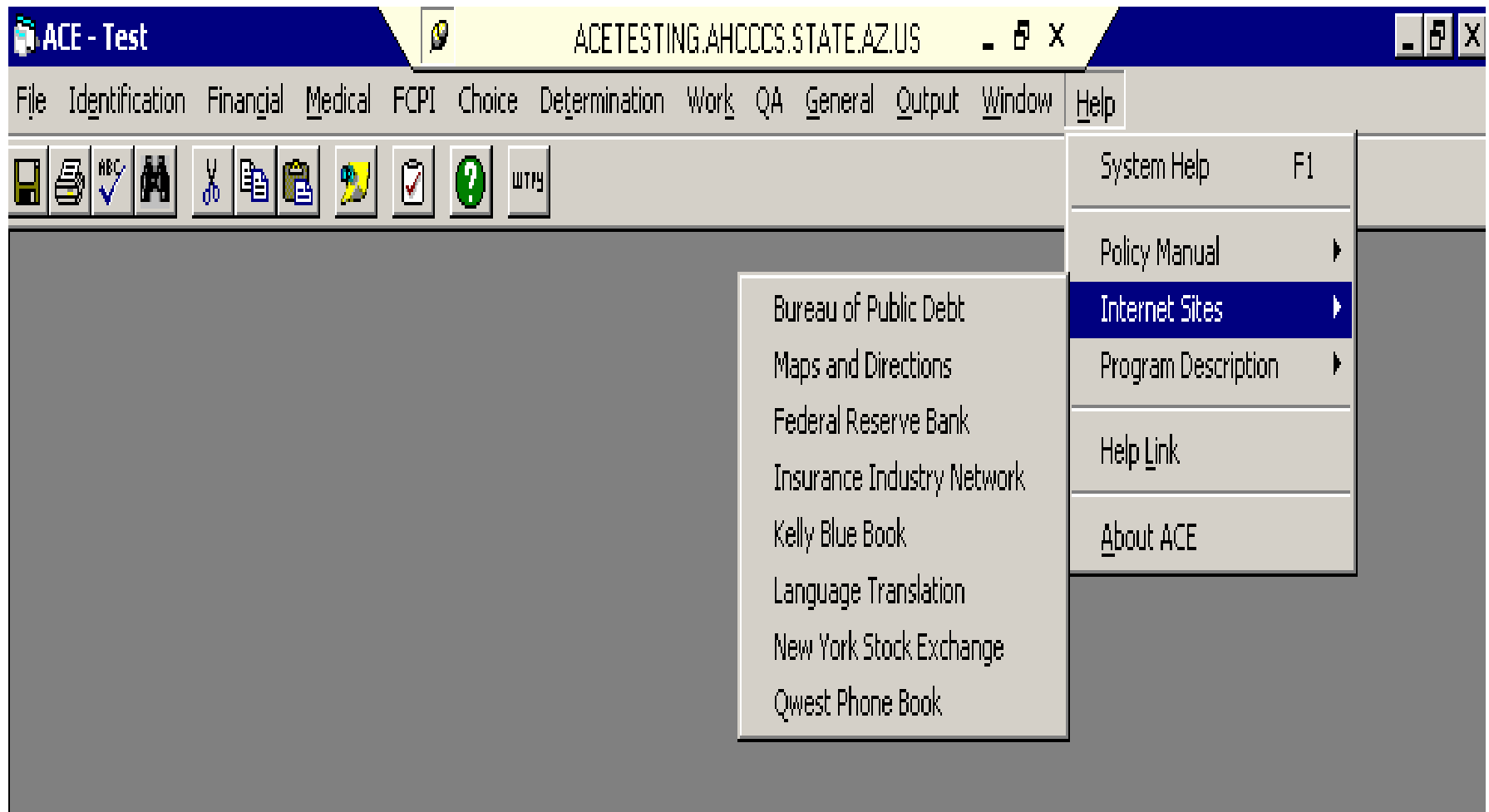
FORMS

- Request for Information

- Commonly needed forms

NOTICES

- Notices are dynamically created according to the actions in the case

- Allows flexibility to add, delete and change the text easily

- Notices standards – specific headers logos, font, and sections

- We test all notices with the public

NOTICES

PLEASE READ THIS ENTIRE NOTICE

This decision is about AHCCCS Health Insurance

KidsCare Denied: Effective 06/19/2006 Suzie Student is denied for KidsCare because:

- You did not give us proof of all your income.

What's Next?

You may be eligible for health care at discounted prices through Health Care Connect if you:

- Live in Maricopa County, and
- Do not have health insurance.

For information or to request an application, please call 602-288-7564, or visit their web site at www.healthcareconnect.org.

Legal Authority for the Decisions in this Notice

KidsCare
Income: U.S.C.: 42 USC 1397jj(c)(4)42, C.F.R.: 42 CFR 457.380, A.R.S.: ARS 36-2983(B), RULE: AAC R9-31-302(E)(2), Policy: KidsCare MS 207.1.B & 704.G;

The legal authorities listed on this notice are available through public or law libraries or at AHCCCS eligibility offices. The abbreviations mean: **USC**- United States Code; **PL**- Public Law; **CFR**- Code of Federal Regulations; **ARS**- Arizona Revised Statutes; **AAC**- Arizona Administrative Code; and **MS**- refers to the specific Manual Sections of the Eligibility Policy and Procedural Manuals.

Dade Student   Customer #100069457   08/14/2006

What can you do if you don't understand this notice?

- Call your Eligibility Specialist if you have questions or you think we made an error.

What can you do if you disagree with the action we are taking?

- You or your authorized representative may ask for a hearing. Even if you already have a hearing pending, you may file another hearing request concerning the decision on this notice. At a hearing you may present evidence to an Administrative Law Judge about why AHCCCS should not take this action.
- You may represent yourself at the hearing, or be represented by an attorney or any other person you choose.
- For free legal advice, call 1-800-852-9075 in Phoenix, 1-800-234-7252 in Tucson, 1-800-789-5781 in Flagstaff or the legal services in your area.

How do you ask for a hearing?
- You may ask your Eligibility Specialist to help you complete the request for a hearing.
- Your request for a hearing must be in writing. If you complete the 'I Am Asking For A Hearing' section below, we will have all of the information we need to accept your request.
- If you would rather write your request for a hearing on a different piece of paper, please include all of the following so we will have the information we need to accept your request: your name, Customer Number, Social Security Number, mailing address, phone number, the reason you want a hearing, your signature and date.
- Mail, fax or deliver your request for a hearing to:

    AHCCCS Administration   FAX: (602) 253-9115
    Office of Legal Assistance, MD 6200
    701 East Jefferson
    Phoenix, Arizona 85004

Hearing request deadline date(s)
- Mail, fax or deliver your request for hearing so it will be received no later than 09/18/2006. If this day is a Saturday, Sunday or legal holiday, you have until the next business day.

--- ✂ CUT HERE ---

I am asking for a hearing

Customer's name: Dade Student	Customer #: 100069457
Please print customer's address (Street, City, State, Zip):	Phone number:
Your signature or the signature of your authorized representative:	Check the appropriate box: Customer / Authorized Representative

EXPLAIN WHY YOU WANT A HEARING

NOTICES

PLEASE READ THIS ENTIRE NOTICE

This decision is about AHCCCS Health Insurance

KidsCare Approved: Beginning 09/01/2006, the person listed below is **eligible** for KidsCare:

Betty Public

AHCCCS Health Insurance for Parents Approved: Beginning 09/01/2006, the person listed below is **eligible** for AHCCCS Health Insurance for Parents:

John Q Public

This is the Amount You Have to Pay

Premium: Based on your household income, you must pay a premium each month for:

One eligible child	$10.00	Effective: 09/01/2006
John Q Public	$15.00	Effective: 09/01/2006

The billing statements are mailed on the 1st of each month. The premium is due on the 15th of the month. If you do not pay the premium, the AHCCCS health insurance will stop. You will receive a billing statement with more information.

Enrollment Fee: You will have to pay an enrollment fee for:

John Q Public $15.00

The enrollment fee will be billed with your first month's premium and will be due on the 15th of the first month of coverage. You will only have to pay the enrollment fee one time.

What's Next?

Page 1 of 5

John Q Public   Customer #100279429   08/15/2006

Health Plan Enrollment:

Health Plan:	Arizona Physicians IPA	Phone #:	602-274-6102
Health Plan:	Arizona Physicians Ipa	Phone #:	

ID Card: Each approved person needs an AHCCCS ID card to show to medical providers. An AHCCCS ID card will come in the mail for each person approved if:

- This is the first approval for AHCCCS health insurance,
- Enrollment changed to a new AHCCCS health plan, or
- The last enrollment was more than 24 months in the past.

If anyone doesn't have an ID card and does not receive a new one within 10 days of the effective date, or you have questions about health plan enrollment, call 602-417-7000 from area codes 602, 480, or 623, or call toll free 1-800-962-6690 from area codes 520 or 928.

Services: If you have questions about choosing a doctor or about getting medical services, call the health plan Customer Service phone number that is on the front of the AHCCCS ID card.

Reapplying Next Year: We will send you a KidsCare renewal application on 07/01/2007. If you do not receive the renewal application by 07/15/2007, call 602-417-5437 from area codes 602, 480 or 623, or call toll free 1-877-764-5437 from area codes 520 or 928.

Quality Compliance Audit: Cases are randomly selected for quality review. If your case is selected, you may be contacted to provide more information. Failure to cooperate with the review process may result in the loss of your AHCCCS Health Insurance.

Legal Authority for the Decisions in this Notice

AHCCCS Health Insurance for Parents
: A.R.S.: 2004 Arizona Laws 2nd Reg. Sess., Chap. 279, Sec. 13, RULE: AAC R9-31-1408 & 1704, Policy: KidsCare MS 807.B;

KidsCare
: U.S.C.: 42 USC 1397cc(e), C.F.R.: 42 CFR 457.510, A.R.S.: ARS 36-2982(E), RULE: AAC

AHCCCS

John Q Public   Customer #100279429   08/15/2006

Calculations

This is how we calculated your eligibility and premium amount for:

KidsCare and AHCCCS Health Insurance for Parents

Income	09/2006
Total	0.00

Eligibility Income Limit for a household of 4: 3,334.00

John Q Public   Customer #100279429   08/15/2006

What can you do if you don't understand this notice?

- Call your Eligibility Specialist if you have questions or you think we made an error.

What can you do if you disagree with the action we are taking?

- You or your authorized representative may ask for a hearing. Even if you already have a hearing pending, you may file another hearing request concerning the decision on this notice. At a hearing you may present evidence to an Administrative Law Judge about why AHCCCS should not take this action.
- You may represent yourself at the hearing, or be represented by an attorney or any other person you choose.
- For free legal advice, call 1-800-852-9075 in Phoenix, 1-800-234-7252 in Tucson, 1-800-789-5781 in Flagstaff or the legal services in your area.

How do you ask for a hearing?
- You may ask your Eligibility Specialist to help you complete the request for a hearing.
- Your request for a hearing must be in writing. If you complete the 'I Am Asking For A Hearing' section below, we will have all of the information we need to accept your request.
- If you would rather write your request for a hearing on a different piece of paper, please include all of the following so we will have the information we need to accept your request: your name, Customer Number, mailing address, phone number, the reason you want a hearing, your signature and date.
- Mail, fax or deliver your request for a hearing to:

       AHCCCS Administration   FAX: (602) 253-9115
       Office of Legal Assistance, MD 6200
       701 East Jefferson
       Phoenix, Arizona 85034

Hearing request deadline date(s)
Mail, fax or deliver your request for hearing so it will be received no later than 09/19/2006 if this day is a Saturday, Sunday or legal holiday, you have until the next business day.

If you disagree with the DENIAL of KidsCare or AHCCCS Health Insurance for Parents, fill out the section "I am asking for a hearing".

If you disagree with the reason benefits are being STOPPED, follow # 1, 2, 3 and 4 below, then fill out the section "I am asking for a hearing".

If you disagree with the INCREASE IN THE AMOUNT OF THE PREMIUM, follow # 1, 3 and 5 below, then fill out the section "I am asking for a hearing".

If you disagree with the APPROVAL, follow # 3 below, then fill out the section "I am asking for a hearing".

1. If you want your benefits to continue or your premium amount to not increase until a hearing decision is made, mail, fax or deliver your request for hearing so it will be received by: [this does not apply to you]

2. If you have a premium, send a certified check or money order in the amount of the premium for one month with your request for hearing.

3. You will need to continue paying the premium each month as you are billed.

4. If you are billed for a premium and we do not receive the monthly premium by the end of the month in which it is due, we will stop the AHCCCS health insurance immediately. If you lose your appeal, the premiums will not be refunded. Payment of the advance premium during the appeal process does not cancel any past due premiums you may owe after the appeal is decided. If the hearing decision is not in your favor, you may be required to pay the State for the cost of your medical benefits from the effective date of action on this notice until the hearing decision is made.